



## MENTAL HEALTH LEGISLATION - 117<sup>TH</sup> CONGRESS

Updated: 2/04/22

\*\* = New bills since last update (October 2021)

### ADDICTION & SUBSTANCE USE DISORDER

#### Curtis, John R. (R-UT)

\*\*H.R. 5837, To amend title XVIII of the Social Security Act to expand access to telehealth services relating to substance use disorder treatment, and for other purposes.

#### Davis, Rodney (R-IL)

H.R. 2355, Opioid Prescription Verification Act: This bill modifies overdose prevention activities carried out by the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). Specifically, HHS must update pharmacist training materials to include information about how to verify the identity of patients who are prescribed medications. In addition, the CDC may give preference, in awarding grants for overdose prevention, to states that maintain a prescription drug monitoring program that mandates the collection of specified information, require prescribers of certain potentially addictive medications to issue prescriptions electronically (subject to some exceptions), and require dispensers of certain potentially addictive medications to enter particular information about the purchase of such medications into their state's prescription drug monitoring program.

^Passed the U.S. House of Representatives on December 8, 2021

#### Foster, Bill (D-IL) – Mental Health Caucus Member

H.R. 1685, Expanding Opportunities for Recovery Act: This bill requires the Center for Substance Abuse Treatment in the Substance Abuse and Mental Health Services Administration to award grants to states to expand access to clinically appropriate services for opioid abuse or addiction. States must use these grants to provide up to 60 consecutive days of services to individuals who otherwise would not have access to substance abuse services.

#### Kim, Andy (D-NJ) – Mental Health Caucus Member

H.R. 2364, Synthetic Opioid Danger Awareness Act: This bill requires the Department of Health and Human Services (HHS) to provide education and training related to synthetic opioids, including fentanyl and its analogues. Specifically, HHS must launch a public education campaign on the dangers of synthetic opioids and related issues. HHS must also produce training materials to prevent exposure to synthetic opioids for first responders and others who are at high risk of such exposure and disseminate the materials to ambulance transport personnel, local sheriff deputies, and other first responders and individuals in high-risk occupations.

^Passed the U.S. House of Representatives on December 8, 2021

### **Kuster, Ann M. (D-NH) – Mental Health Caucus Member**

H.R. 2366, STOP Fentanyl Act: This bill addresses data collection, treatment, harm reduction, and other issues related to substance misuse and addiction. It particularly focuses on opioids, fentanyl, and related substances. Specifically, the bill expands surveillance of fentanyl and related substances. This includes establishing a pilot program to screen for contaminants in illicit drugs and a grant program to collect data on fentanyl-involved overdoses. The bill also specifies requirements concerning the collection and use of information about drugs seized by law enforcement. Additionally, the bill establishes and modifies requirements to increase access to treatment and prevention services. For example, the Bureau of Prisons must make certain services, including medication-assisted treatments, available to individuals in its custody. The bill also repeals a provision that requires dependence on opioids for at least one year before an individual may be admitted to certain treatment programs, allows providers to prescribe medications to treat substance use disorders following a telehealth evaluation; creates grant programs for treatment and harm reduction activities; and addresses issues pertaining to opioid overdose reversal drugs. Furthermore, the bill limits civil and criminal liability under specified laws for individuals who administer opioid overdose reversal drugs to an individual who reasonably appears to be experiencing an overdose, as well as for individuals who seek medical attention for themselves or on behalf of another for a drug overdose. The bill also requires multiple reports, including a report by the Department of State on foreign sources of certain drugs.

### **Levin, Mike (D-CA)**

H.R. 2367, SOBER Homes Act: This bill requires the Substance Abuse and Mental Health Services Administration to contract with the National Academies of Sciences, Engineering, and Medicine (NASEM) to study and make recommendations on recovery housing. Recovery housing refers to shared living environments free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders. As part of the study, NASEM must identify relevant research and data gaps that hinder reporting on the quality and effectiveness of recovery housing. After publication of the study, the Department of Health and Human Services must contract with an appropriate entity to conduct research to fill those gaps.

### **Maloney, Carolyn (D-NY)**

\*\*H.R. 6311, Comprehensive Addiction Resources Emergency Act: To provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private nonprofit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.

### **Norcross, Donald (D-NJ) – Mental Health Caucus Member**

\*\*H.R. 6279, Opioid Treatment Access Act: To authorize a study on certain exemptions for treatment of opioid use disorder through opioid treatment programs during the COVID-19 public health emergency, and for other purposes.

### **Tonko, Paul (D-NY) – Mental Health Caucus Member**

H.R. 1384, Mainstreaming Addiction Treatment Act: This bill removes the requirement that a health care practitioner apply for a separate waiver through the Drug Enforcement Administration (DEA) to dispense certain narcotic drugs (e.g., buprenorphine) for maintenance or detoxification treatment (i.e., substance use disorder treatment). Further, a community health aide or community health practitioner may dispense certain narcotic drugs for maintenance or detoxification treatment without registering with the DEA if the drug is prescribed by a health care practitioner through telemedicine. It preempts state laws related to licensure for this activity. The bill also directs the Substance Abuse and Mental Health Services Administration to conduct a

national campaign to educate health care practitioners and encourage them to integrate substance use disorder treatment into their practices.

### **Trone, David J. (D-MD) – Mental Health Caucus Member**

H.R. 4981, To amend the Fentanyl Sanctions Act, to modify certain deadlines relating to the Commission on Combating Synthetic Opioid Trafficking: This bill extends the deadline, from 270 days to 390 days, for the Commission on Combating Synthetic Opioid Trafficking to submit the final report on its activities and recommendations to combat the flow of synthetic opioids into the United States.

^Signed into law on October 19, 2021

H.R. 2379, State Opioid Response Grant Authorization Act: This bill reauthorizes through FY2027 and expands the scope of the State Opioid Response Grant program that is administered by the Substance Abuse and Mental Health Services Administration. Current law limits the use of these grants to specifically address the opioid crisis and opioid use disorders, while this bill allows the grants to address substance use disorders more broadly.

^Passed the U.S. House of Representatives on October 20, 2021

H.R. 2352, Honoring National Recovery Month Act: This bill provides statutory authority for the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop communication materials, distribute best practices, and carry out other activities in recognition of National Recovery Month. SAMHSA may undertake these activities or enter into an agreement with a national organization to do so. National Recovery Month is an annual observance to celebrate individuals who are in recovery from a substance use disorder or mental illness, educate the public, and combat stigma.

H.R. 433, Family Support Services for Addiction Act: This bill directs the Substance Abuse and Mental Health Services Administration to award grants to certain nonprofits to develop or expand services for individuals with substance use disorders and their families.

^Passed the U.S. House of Representatives on May 12, 2021

## **CHILDREN & YOUTH**

### **Allen, Rick W. (R-GA)**

H.R. 787, Expanding Student Access to Mental Health Services Act: This bill authorizes state and local educational agencies to use Student Support and Academic Enrichment grants to improve mental health services available to students. Specifically, it allows funds to be used for identifying and disseminating best practices for mental health first aid, emergency planning, coordination of services, and telehealth services.

### **Blunt Rochester, Lisa (D-DE)**

H.R. 4944, Helping Kids Cope Act: To amend the Public Health Service Act to authorize grants to support pediatric behavioral health care integration and coordination, and for other purposes.

H.R. 4943, Children's Mental Health Infrastructure Act: To amend the Public Health Service Act to authorize grants to children's hospitals for increasing their capacity to provide pediatric behavioral health services, and for other purposes.

### **Cárdenas, Tony (D-CA) – Mental Health Caucus Member**

H.R. 4744, Eliminating Debtor's Prison for Kids Act: This bill directs the Department of Justice to make grants for states to provide mental and behavioral health services to at-risk youth, including juveniles in secure detention facilities or secure correctional facilities in the state. A state that receives a grant must (1) prohibit certain fees from being imposed on juvenile offenders or their parents or guardians; and (2) report, for inclusion

in a national report, certain information about fines and fees imposed on adults and juveniles in the criminal justice system.

H.R. 1803, Youth Mental Health and Suicide Prevention Act: This bill authorizes the award of matching grants to enhance services in secondary schools for students with mental and behavioral health issues that can lead to failure in school, such as depression and substance abuse. The Substance Abuse and Mental Health Services Administration may award these grants on a competitive basis to state or local educational agencies that serve at least one secondary school.

#### **Chu, Judy (D-CA) – Mental Health Caucus Member**

H.R. 3572, Increasing Access to Mental Health in Schools Act: This bill directs the Department of Education (ED) to establish a grant program and a student loan forgiveness program to increase the number of school-based mental health services providers in elementary and secondary schools. First, ED must award grants to partnerships between educational agencies and graduate institutions to increase the number of school-based mental health services providers employed by low-income local educational agencies (LEAs). Grant funds may be used for specified purposes, including to provide student loan forgiveness and tuition credits and to support recruitment, hiring, and training. In addition, ED must establish a program to provide student loan forgiveness for individuals who (1) are not, and have never been, participants in the grant program established by the bill; and (2) have been employed by low-income LEAs for five or more consecutive school years as mental health services providers.

#### **Clark, Katherine (D-MA) – Mental Health Caucus Member**

\*\*H.R. 6214, Elementary and Secondary School Counseling Act: This bill directs the Department of Education to award formula grants to state educational agencies and, through them, subgrants to local educational agencies to increase access to school-based, mental-health-services providers at high-need public elementary and secondary schools.

#### **Cleaver, Emanuel (D-MO) – Mental Health Caucus Member**

\*\*H.R. 5750, Cady Housh and Gemesha Thomas Student Suicide Prevention Act: To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

#### **Correa, J. Luis (D-CA) – Mental Health Caucus Member**

H.R. 2914, Improving Mental Health Access for Students Act: This bill requires institutions of higher education (IHEs) that participate in federal student-aid programs to share contact information for suicide prevention resources with students. If IHEs distribute student identification cards, then they must include on the cards phone numbers for the National Suicide Prevention Lifeline, the Crisis Text Line, and a campus mental-health center or program. If IHEs do not create such cards, then they must publish the numbers on their websites.

#### **Dean, Madeleine (D-PA)**

H.R. 868, END Stigma Act: This bill authorizes the Department of Health and Human Services to award grants to institutions of higher education to educate students about substance use disorders.

#### **Ferguson, A. Drew, IV (R-GA)**

H.R. 2877, Behavioral Intervention Guidelines Act: This bill requires the Department of Health and Human Services (HHS) to develop best practices for establishing behavioral intervention teams in educational settings. These teams, comprised of experts, are responsible for identifying individuals who exhibit concerning behaviors and addressing associated behavioral health issues to prevent harm to the individual or others. HHS

must also provide technical assistance on implementing these teams to elementary and secondary schools and institutions of higher education.

^Passed the U.S. House of Representatives on May 13, 2021

### **Fitzpatrick, Brian K. (R-PA) – Mental Health Caucus Member**

H.R. 4198, Mental Health in Schools Excellence Program Act: This bill establishes a program to expand the mental health services workforce in schools. Specifically, the bill requires the Department of Education to contract with graduate institutions to pay a share of the cost of attendance for graduate students pursuing careers in the school-based mental health profession (e.g., school counseling).

### **Gooden, Lance (R-TX)**

H.R. 5449, Federal Big Tech Tort Act: To establish a Federal tort against social media companies that cause bodily injury to children or harm the mental health of children.

### **Lawrence, Brenda L. (D-MI)**

H.R. 2033, Timely Mental Health for Foster Youth Act: This bill requires an initial mental health screening within 30 days after a child enters foster care. In the case of a child for whom a mental health issue is identified in such initial screening, a comprehensive assessment of the child's mental health must be completed within 60 days after the child's entry into foster care. The Department of Health and Human Services must provide technical assistance for states to implement this requirement and collect data and report on the number of screenings completed.

### **Manning, Kathy E. (D-NC)**

H.R. 5526, Improving Mental Health and Wellness in Schools Act: To amend the Richard B. Russell School Lunch Act to increase access to mental health resources, and for other purposes.

### **Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair**

H.R. 721, Mental Health Services for Students Act: This bill provides specific statutory authority for the Project AWARE (Advancing Wellness and Resiliency in Education) State Educational Agency Grant Program that is administered by the Substance Abuse and Mental Health Services Administration. The program supports school-based mental health services, including screening, treatment, and outreach programs.

^Passed U.S. House of Representatives on May 12, 2021

### **Newman, Marie (D-IL) – Mental Health Caucus Member**

H.R. 5235, Student Mental Health Helpline Act: To amend the Public Health Service Act to authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to eligible entities to establish or maintain a student mental health and safety helpline, and for other purposes.

### **Perlmutter, Ed (D-CO)**

H.R. 3432, School Safety Drill Research Act: This bill requires the Department of Education to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to study and report on the mental health effects that may result from a lockdown drill or active shooter drill in elementary and secondary schools.

### **Peters, Scott H. (D-CA) – Mental Health Caucus Member**

H.R. 586, STANDUP Act: This bill requires state, tribal, and local educational agencies that receive grant funding for priority mental-health needs, including through the Project AWARE State Education Agency Grant Program, to establish and implement evidence-based suicide awareness and prevention training policies. In addition, the Substance Abuse and Mental Health Services Administration, in coordination with the Department of Education and Bureau of Indian Education, must provide educational agencies with best practices for these trainings.

^Passed U.S. House of Representatives on May 12, 2021

### **Pocan, Mark (D-WI)**

H.R. 5342, Tyler Clementi Higher Education Anti-Harassment Act: To prevent harassment at institutions of higher education, and for other purposes.

### **Pressley, Ayanna (D-MA)**

H.R. 4011, Counseling Not Criminalization in Schools Act: This bill prohibits the use of federal funds for law enforcement officers in schools. It also establishes a grant program to replace law enforcement officers in schools with personnel and services that support mental health and trauma-informed services. Specifically, the bill prohibits the use of federal funds to hire, maintain, or train law enforcement officers in elementary or secondary schools. Further, it prohibits the use of public safety and community policing grants for law enforcement officers in schools. Additionally, the bill directs the Department of Education to award grants to local educational agencies to (1) replace law enforcement officers in elementary and secondary schools with personnel and services that support mental health and trauma-informed services, and (2) reform school safety and disciplinary policies to reflect evidence-based practices that do not rely on the criminal justice system. A recipient must use grants funds to hire or train specified staff. The bill prohibits the use of grant funds for (1) establishing or enforcing zero-tolerance school discipline policies, (2) purchasing or installing surveillance equipment (e.g., metal detectors), or (3) arming teachers or other school personnel.

### **Trone, David J. (D-MD) – Mental Health Caucus Member**

H.R. 5654, Higher Education Mental Health Act: This bill requires the Department of Education to establish an Advisory Commission on Serving and Supporting Students with Mental Health Disabilities in Institutions of Higher Education. The commission must conduct a study and report on services available to students with mental health disabilities in institutions of higher education (IHEs) and the effectiveness of such services in supporting these students; the impact of policies and procedures, such as reasonable accommodation and disciplinary policies, that help or hinder the goal of providing equal opportunity to these students; the use of protected health information of these students by IHEs; the impact of providing mental health services on a student's academic performance, well-being, and ability to complete college; conclusions on the major challenges facing these students; and recommendations to improve the overall education, retention, and graduation of these students.

H.R. 3549, Comprehensive Mental Health in Schools Pilot Program Act: This bill requires the Department of Education to establish a pilot program to award grants to local educational agencies for establishing comprehensive mental and behavioral health services programs in elementary and secondary schools.

### **Wild, Susan (D-PA) – Mental Health Caucus Member**

H.R. 5407, Enhancing Mental Health and Suicide Prevention Through Campus Planning Act: This bill requires the Department of Education to encourage institutions of higher education to develop and implement comprehensive campus mental health and suicide prevention plans.



## COMMUNITIES OF COLOR

### **Barragán, Nanette Diaz (D-CA) – Mental Health Caucus Member**

H.R. 189, John Lewis NIMHD Research Endowment Revitalization Act: This bill expands eligibility for research endowments available through the National Institute on Minority Health and Health Disparities to include former centers of excellence at health professional schools and biomedical and behavioral research institutions that meet criteria related to the inclusion of underrepresented minority individuals in programs and activities.

^Passed the U.S. House of Representatives on April 14, 2021

### **Blunt Rochester, Lisa (D-DE)**

H.Res. 536, Expressing support for the designation of the week of July 19 through July 25, 2021, as "Black Maternal Mental Health Awareness Week", and supporting the goals and ideals of raising awareness and understanding of maternal mental health conditions as they affect Black individuals: This resolution expresses support for the designation of Black Maternal Mental Health Awareness Week.

H.R. 907, Investing in Community Healing Act: This bill requires, with a focus on racial and ethnic minority groups, research on adverse health impacts associated with violent interactions with law enforcement and additional activities to promote access to mental and behavioral health care. Specifically, the Office of Minority Health of the Centers for Disease Control and Prevention must research the health consequences of trauma related to violent interactions with law enforcement. In addition, the Substance Abuse and Mental Health Services Administration must award grants to community-based programs or organizations to increase access to trauma-support services and mental health care. The Department of Health and Human Services must also carry out a campaign to raise awareness of, and reduce stigma associated with, mental and behavioral health conditions.

### **Brownley, Julia (D-CA)**

H.R. 912, American Indian and Alaska Native Veterans Mental Health Act: This bill directs the Department of Veterans Affairs (VA) to provide mental health and suicide prevention outreach to American Indian and Alaska Native veterans. Specifically, the bill requires that each VA medical center have a full-time minority veteran coordinator. The coordinator must receive training in the delivery of culturally appropriate mental health and suicide prevention services to American Indian and Alaska Native veterans. Further, the suicide prevention coordinator and minority veteran coordinator of each VA medical center must develop and disseminate a written plan for conducting mental health and suicide prevention outreach to all tribes and urban Indian health organizations within the area of the medical center.

### **Cárdenas, Tony (D-CA) – Mental Health Caucus Member**

H.R. 1331, Strengthening Mental Health Supports for BIPOC Communities Act: This bill requires states and other jurisdictions that receive certain block grants for community mental health services and substance abuse prevention and treatment to report on services and outreach provided through those grants to members of racial and ethnic minority groups.

### **Chu, Judy (D-CA) – Mental Health Caucus Member**

H.Res. 373, Expressing support for the designation of May 10, 2021, as "National Asian American, Native Hawaiian, and Pacific Islander Mental Health Day" and acknowledging the importance of raising awareness of mental health and improving the quality of mental health services for the Asian American, Native Hawaiian, and Pacific Islander community: This resolution supports the designation of National Asian American, Native Hawaiian, and Pacific Islander Mental Health Day.

H.R. 3573, Stop Mental Health Stigma in Our Communities Act: This bill requires the Substance Abuse and Mental Health Services Administration to develop and implement an outreach and education strategy regarding behavioral health issues among the Asian American, Native Hawaiian, and Pacific Islander populations. The strategy must be designed to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among such populations.

### **Meng, Grace (D-NY)**

\*\*H.R. 5937, Mental Health Workforce and Language Access Act: To increase language access to mental health services at certain health centers, and for other purposes.

### **Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair**

H.R. 2529, Mental Health for Latinos Act: This bill requires the Substance Abuse and Mental Health Services Administration to develop and implement an outreach and education strategy regarding behavioral health issues among the Hispanic and Latino populations. The strategy must promote behavioral and mental health and reduce stigma associated with mental health conditions and substance use disorders. The strategy must also address the impact of the COVID-19 pandemic on the mental and behavioral health of those populations.

H.R. 2480, Immigrants' Mental Health Act: This bill directs Customs and Border Protection (CBP) to take steps to address mental health issues among immigrants and CBP agents and officers. It also restricts the sharing of mental health information for use in certain immigration proceedings. CBP shall develop training to enable its agents and officers to (1) identify mental health issues and risk factors in immigrants and refugees, (2) provide crisis intervention using a trauma-informed approach, and (3) better manage work-related stress and psychological pressures. CBP shall assign at least one qualified mental or behavioral health expert to each Border Patrol station, port of entry, checkpoint, forward operating base, secondary inspection area, and short-term custody facility. The Department of Health and Human Services may not provide to the Department of Homeland Security information about the mental health of an alien that was obtained by a mental health professional while the alien was in federal government custody if the information will be used for (1) an asylum determination, (2) an immigration hearing, or (3) a deportation hearing.

### **Pallone, Frank, Jr. (D-NJ)**

H.R. 4251, Native Behavioral Health Access Improvement Act: This bill establishes a special tribal behavioral health grant program and expands the applicability of certain federal health care provisions to American Indians and Alaska Natives. Specifically, the bill provides funds for and requires the Indian Health Service (IHS) to award grants to eligible entities (e.g., tribal health programs) for the prevention and treatment of mental health and substance use disorders. The bill defines Indian for purposes of health insurance reform, exchanges, and subsidies to include individuals of Indian descent who are members of an Indian community served by the IHS and individuals considered by the Department of Health and Human Services to be Indian for purposes of eligibility for Indian health care services. Individuals included in the definition are eligible for special monthly enrollment periods on health insurance exchanges and elimination of cost sharing under individual health coverage for those whose income is not more than 300% of the poverty line. Under current law, only members of Indian tribes are eligible for these benefits.

### **Watson Coleman, Bonnie (D-NJ) – Mental Health Caucus Member**

H.R. 1475, Pursuing Equity in Mental Health Act: This bill establishes and expands programs to address racial and ethnic disparities in mental health. Specifically, the Department of Health and Human Services (HHS) must award grants to establish interprofessional behavioral health care teams in areas with a high proportion of racial and ethnic minority groups; and incorporate best practices and competencies to address mental health disparities in curricula for training social workers, psychologists, and other behavioral health professionals. HHS must also promote behavioral and mental health and reduce stigma associated with mental health conditions and substance use disorder through outreach to racial and ethnic minority groups. HHS must consult with appropriate advocacy groups and behavioral health organizations to develop a strategy for this



outreach. The bill also (1) reauthorizes the minority fellowship program to support the education of mental health professionals who provide services to racial and ethnic minorities, and (2) requires studies on mental health disparities and the effects of social media use on adolescents.

^Passed the U.S. House of Representatives on May 12, 2021

## COVID-19 PANDEMIC

### Boyle, Brendan F. (D-PA) – Mental Health Caucus Member

H.R. 2297, MIND Act: This bill temporarily allows states to receive federal Medicaid payment for services provided in institutions for mental diseases (IMDs) during the public health emergency relating to COVID-19 (i.e., coronavirus disease 2019) and for 180 days after the emergency ends. Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65 (although states may receive payment through certain mechanisms, such as through a Medicaid demonstration waiver).

### Emmer, Tom (R-MN) – Mental Health Caucus Member

H.R. 220, STRESS under COVID–19 Act: This bill provides supplemental appropriations to the Department of Agriculture (USDA) for the Farm and Ranch Stress Assistance Network. The program provides grants to connect individuals who are engaged in agriculture-related occupations with stress assistance programs. The bill requires USDA to allocate the funds to grant recipients within 60 days.

### Gonzalez, Anthony (R-OH) – Mental Health Caucus Member

\*\*H.R. 5772, Brycen Gray and Ben Price COVID-19 Neurological Impact Act: To authorize the Director of the National Science Foundation to award grants to support research on neurological and psychiatric illnesses associated with COVID-19 infection, and for other purposes.

### Johnson, Dusty (R-SD)

H.R. 4649, To amend title VI of the Social Security Act to allow for the use of the Coronavirus State fiscal recovery fund to support mental and behavioral health programs, and for other purposes: This bill permits state, tribal, and territorial governments to use designated COVID-19 relief funding to support mental and behavioral health programs. Currently, this funding is available to eligible governments through December 31, 2024, for responding to the COVID-19 public health emergency or its negative economic impacts; supporting essential workers and businesses; maintaining government services; and investing in water, sewer, or broadband infrastructure.

### Joyce, David P. (R-OH)

H.R. 654, Drug-Free Communities Pandemic Relief Act: This bill authorizes the Drug-Free Communities Support Program, subject to certain limitations, to waive matching funds requirements applicable to certain grants for reducing substance use among youth. Before waiving these requirements, the program must determine that a grantee is unable to raise funds because of the COVID-19 emergency. Currently, the Office of National Drug Control Policy administers this program, and community coalitions that receive the grants must match a specified percentage of the federal award amount with nonfederal funds, including in-kind contributions.

^Passed the U.S. House of Representatives on October 20, 2021

### Kuster, Ann M. (D-NH) – Mental Health Caucus Member

H.R. 706, Emergency Support for Substance Use Disorders Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to states, other jurisdictions, and community-based

entities for harm reduction activities to address drug misuse during the COVID-19 (i.e., coronavirus disease 2019) pandemic.

#### **Porter, Katie (D-CA) – Mental Health Caucus Member**

H.R. 588, Stopping the Mental Health Pandemic Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to states, tribal nations, local governments, behavioral health and primary care providers, and community organizations to support behavioral health treatment and services during the COVID-19 (i.e., coronavirus disease 2019) pandemic.

#### **Pressley, Ayanna (D-MA)**

\*\*H.R. 5703, Post-Disaster Mental Health Response Act: To amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to provide professional counseling services to victims of emergencies declared under such Act, and for other purposes.

#### **Ryan, Tim (D-OH) – Mental Health Caucus Member**

H.R. 593, Coronavirus Mental Health and Addiction Assistance Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to establish a network of entities that provide mental health and substance use disorder programs during the COVID-19 (i.e., coronavirus disease 2019) pandemic. Eligible entities include tribal nations, nonprofit organizations, service providers, and partnerships of two or more eligible entities.

#### **Tonko, Paul (D-NY) – Mental Health Caucus Member**

H.R. 1716, COVID-19 Mental Health Research Act: This bill requires the National Institute of Mental Health to support mental health research activities related to COVID-19 (i.e., coronavirus disease 2019). The institute must coordinate these activities with other components of the National Institutes of Health.

#### **Trone, David J. (D-MD) – Mental Health Caucus Member**

H.R. 2264, Tele-Mental Health Improvement Act: This bill requires private health insurance plans that cover in-person mental health or substance use disorder services to cover such services on equal terms via telehealth (i.e., information technology used to aid treatment and diagnosis at a physical distance) during and shortly after the COVID-19 (i.e., coronavirus disease 2019) public health emergency. Specifically, this bill requires plans to, among other things, cover these services at the same rate as in-person services, exclude charges for facility fees, and provide information about how to access these services. Additionally, providers of these services may not charge facility fees to plan enrollees.

H.R. 434, Preventing Mental Health and Substance Use Crises During Emergencies Act: This bill establishes a task force and requires a strategy to address mental health and substance use issues during public health emergencies. The Department of Health and Human Services must convene the task force to assess the federal response to such issues during and after the COVID-19 (i.e., coronavirus disease 2019) emergency. In addition, the Substance Abuse and Mental Health Services Administration must develop and annually update the strategy. The task force's work must inform the strategy.

#### **Wild, Susan (D-PA) – Mental Health Caucus Member**

H.R. 1667, Dr. Lorna Breen Health Care Provider Protection Act: This bill establishes grants and requires other activities to improve mental and behavioral health and prevent burnout among health care providers. Specifically, the Department of Health and Human Services (HHS) must award grants to train health care providers on suicide prevention, other behavioral health issues, and strategies to improve well-being; and establish or expand programs to promote mental and behavioral health among health care providers involved with COVID-19 (i.e., coronavirus disease 2019) response efforts. HHS must also study and develop policy

recommendations on preventing burnout and improving mental and behavioral health among health care providers, removing barriers to accessing care and treatment, and identifying strategies to promote resiliency. Additionally, the Centers for Disease Control and Prevention must conduct a campaign to encourage health care providers to seek support and treatment for mental and behavioral health concerns.

^Passed the U.S. House of Representatives on December 8, 2021

## MENTAL HEALTH ACCESS

### Barragán, Nanette Diaz (D-CA) – Mental Health Caucus Member

H.R. 4217, TRIUMPH for New Moms Act: This bill temporarily establishes within the Department of Health and Human Services the Task Force on Maternal Mental Health. The task force must develop a national strategy for maternal mental health and report on best practices, policies, and programs to prevent, screen for, diagnose, treat, and reduce disparities in maternal mental health conditions. The report must identify opportunities for state- and local-level partnerships to address maternal mental health, and the task force must share those opportunities with state governors.

### Bera, Ami (D-CA)

H.R. 1480, HERO Act: This bill establishes a series of programs relating to the behavioral health of law enforcement officers, first responders, 9-1-1 operators, and other public safety officers and health care providers. The programs include a public safety officer suicide-reporting system at the Centers for Disease Control and Prevention, a grant program for peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies, and a grant program for behavioral health and wellness programs for health care providers.

^Passed U.S. House of Representatives on May 12, 2021

### Blunt Rochester, Lisa (D-DE)

H.R. 5611, Behavioral Health Crisis Services Expansion Act: This bill establishes requirements, expands health insurance coverage, and directs other activities to support the provision of behavioral health crisis services along a continuum of care. Specifically, the Department of Health and Human Services (HHS) must establish standards for a behavioral health crisis continuum of care that health care providers and communities may use in responding to individuals experiencing a behavioral health crisis. This continuum of care must include 24-7 crisis hotlines, emergency treatment, stabilization services, and other specified components. In addition, the bill expands health insurance coverage for behavioral health crisis services. It also expands the Community Mental Health Services Block Grant to assist states and territories with developing the infrastructure to provide crisis response services. Furthermore, HHS, in consultation with the Department of Justice, must convene an expert panel to make recommendations concerning training for emergency services dispatchers and crisis call center personnel to respond appropriately to individuals experiencing a behavioral health crisis.

H.R. 909, Moms Matter Act: This bill establishes two grant programs to address maternal mental health conditions and substance use disorders, with a focus on racial and ethnic minority groups. First, the Substance Abuse and Mental Health Services Administration must award grants for maternal behavioral health services. Eligible grantees include state, tribal, and local governments; health care providers; and organizations that serve pregnant and postpartum individuals. Second, the Department of Health and Human Services may award grants to grow and diversify the maternal mental and behavioral health workforce by establishing or expanding schools and training programs.

### Bustos, Cheri (D-IL)

H.R. 4305, Crisis Care Enhancement Act: To amend the Community Mental Health Service Block Grant to authorize a set-aside for crisis care services, and for other purposes.

### **Cárdenas, Tony (D-CA) – Mental Health Caucus Member**

H.R. 3753, Parity Implementation Assistance Act: This bill provides grants to assist states with the implementation of the federal mental health parity requirements. States receiving the grants must request and review from private health insurance plans their required comparative analysis of nonquantitative treatment limitations (NQTLs) with respect to mental health or substance use disorder benefits. (NQTLs are limitations on the scope or duration of benefits for treatment, such as preauthorization requirements.)

H.R. 1545, Crisis Counseling Act: This bill provides for immediate approval of any request by a state, local, or tribal government for crisis counseling and training after the President declares a major disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

H.R. 1544, Virtual Community Support Act: This bill requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to award grants for community-based mental health services, substance-use disorder services, and peer support services. Eligible grantees include health departments, behavioral health programs, nonprofits, and institutions of higher education. SAMHSA must report on the grant program, including specifically with respect to the COVID-19 (i.e., coronavirus disease 2019) emergency period.

### **Chu, Judy (D-CA) – Mental Health Caucus Member**

H.R. 2767, PEERS Act: This bill specifies that peer support specialists may participate in the provision of behavioral health integration services with the supervision of a physician or other entity under Medicare. The bill defines peer support specialists as individuals who are recovering from a mental health or substance-use condition and have certain national or state credentials, as specified, to provide peer support services.

H.R. 1551, Nutrition CARE Act: This bill provides for Medicare coverage of medical nutrition therapy services for individuals with eating disorders. Such services must be furnished by a registered dietitian or nutrition professional pursuant to a referral from a physician, psychologist, or other authorized mental health professional.

### **Dean, Madeleine (D-PA)**

H.R. 523, Community Health Center Mental Health Screening Act: This bill authorizes the Department of Health and Human Services to award grants for mental and behavioral health screenings and mental health services to federally qualified health centers.

### **DeFazio, Peter A. (D-OR) – Mental Health Caucus Member**

H.R. 1914, CAHOOTS Act: This bill allows state Medicaid programs to cover certain community-based mobile crisis intervention services for individuals experiencing a mental health or substance-use disorder crisis outside of a facility setting. Among other requirements, such services must be (1) provided by multidisciplinary teams composed of behavioral health professionals who are trained in trauma care and de-escalation techniques, (2) available 24-7, and (3) voluntary for the individual experiencing the mental health or substance-use disorder crisis. The bill provides an enhanced Federal Medical Assistance Percentage (i.e., federal matching rate) for such services, as well as specified funds for state planning and evaluation grants.

### **Deutch, Theodore E. (D-FL)**

H.R. 3988, MINDS Act: This bill directs the U.S. Agency for International Development (USAID) and the Department of State to integrate mental health and psychosocial support activities across all U.S. foreign assistance programs, with a particular focus on children and other vulnerable populations. To facilitate this integration, the bill makes organizational changes at the USAID. It authorizes the USAID to appoint a coordinator to oversee and direct mental health and psychosocial support activities. The coordinator must ensure that these activities focus on children, adult caretakers and families, displaced populations, and other vulnerable groups. In addition, the bill establishes a working group comprised of representatives from every

USAID bureau and the Department of State to coordinate interagency efforts related to, promote best practices for, and ensure sustainability and continuity of mental health and psychosocial support activities. The USAID and the State Department must brief Congress about the amount of foreign assistance spending on mental health and psychosocial support activities and related matters.

### **Emmer, Tom (R-MN) – Mental Health Caucus Member**

\*\*H.R. 5995, Pregnancy Loss Mental Health Research Act: To provide research on, and services for, individuals with clinical mental health complications following a pregnancy loss, and for other purposes.

\*\*H.Res. 811, Expressing support for the designation of November 18, 2021, as "National Rural Mental Health Day":

H.R. 1495, Jim Ramstad Legacy of Recovery Act: This bill allows states to receive federal Medicaid payment for psychiatric and substance-use disorder services provided in institutions for mental diseases (IMDs) to patients who are enrolled with a Medicaid managed care organization (MCO) or in a prepaid inpatient health plan (PIHP). Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65. However, states may receive federal Medicaid payment for monthly capitation payments to MCOs and PIHPs for services provided in IMDs to enrollees aged 21 to 64. Such services must be provided for no longer than 15 days per month and in lieu of other services covered under the state Medicaid program.

### **Jackson Lee, Sheila (D-TX) – Mental Health Caucus Member**

H.R. 137, Mental Health Access and Gun Violence Prevention Act: This bill authorizes FY2022 appropriations for the Department of Justice, the Department of Health and Human Services, and the Social Security Administration to (1) increase access to mental health care treatment and services, and (2) promote reporting of mental health information to the National Instant Criminal Background Check System.

### **Kaptur, Marcy (D-NV) – Mental Health Caucus Member**

H.R. 3595, Law Enforcement Training for Mental Health Crisis Response Act: This bill authorizes the Office of Justice Programs within the Department of Justice to award grants to law enforcement and corrections agencies for behavioral health crisis response training.

### **Katko, John (R-NY) – Mental Health Caucus Co-Chair**

H.R. 3150, Mental Health Professionals Workforce Shortage Loan Repayment Act: This bill requires the Health Resources and Services Administration to establish a loan repayment program for mental health professionals who work in designated workforce-shortage areas.

### **Latta, Robert E. (R-OH)**

H.R. 1580, Improving Access to Alternative Pain Management Act: This bill allows psychological evaluation requirements for Medicare coverage of specified neurostimulation services to be met via telehealth. The bill also expands Medicare coverage to include such telehealth services.

H.R. 1001, CRISIS Act: This bill increases the authorization of FY2022-2023 appropriations for crisis care under the Community Mental Services Block Grant program for adults with serious mental illnesses and children with serious emotional disturbances. The bill also requires states and territories to expend a certain percentage of their grant funds on evidence-based crisis care activities such as crisis call centers, 24/7 mobile crisis services, and crisis stabilization programs in hospitals or other licensed facilities.



### **Lee, Barbara (D-CA) – Mental Health Caucus Member**

H.R. 2035, Improving Access to Mental Health Act: This bill increases the Medicare reimbursement rate for clinical social worker services. The bill excludes clinical social worker services from the prospective payment system in which predetermined amounts form the basis for payment under Medicare. Additionally, the bill alters the definition of clinical social worker services as it relates to Medicare. Under current law, such services (1) include services performed for the diagnosis and treatment of mental illnesses, and (2) exclude services furnished to an inpatient of a skilled nursing facility as a condition of the facility's participation in the Medicare program. The bill repeals these provisions and instead specifies that such services include certain types of health behavior assessment and intervention.

### **Lee, Susie (D-NV) – Mental Health Caucus Member**

H.R. 2929, Virtual Peer Support Act: This bill appropriates funding for grants to transition behavioral health peer support services that are provided at no cost to participants from in-person to virtual platforms or to otherwise expand these kinds of virtual services. Specifically, the Substance Abuse and Mental Health Services Administration must award competitive grants to certain consumer-controlled or consumer-run organizations and tribal communities. Among other eligibility requirements for these grants, entities must have offered certain behavioral health services at no cost to participants before the declaration of the COVID-19 (i.e., coronavirus disease 2019) public health emergency.

### **Matsui, Doris O. (D-CA) – Mental Health Caucus Member**

H.R. 4323, Excellence in Mental Health and Addiction Treatment Act: This bill increases the number of states that may participate in two-year Medicaid demonstration programs that improve access to community mental health services. It also provides for additional grants to certified community behavioral health clinics.

### **McKinley, David B. (R-WV)**

H.R. 280, PDMPs Help Patients Act: This bill directs the Department of Health and Human Services (HHS) to establish a grant program to test the feasibility of integrating substance use disorder and behavioral health treatment locator tools into prescription drug monitoring programs. HHS may award grants to up to five states.

### **Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair**

H.R. 2611, Increasing Behavioral Health Treatment Act: This bill repeals restrictions that generally prohibit federal payment under Medicaid for services provided in institutions for mental diseases (IMDs) for individuals under the age of 65. (Currently, states may receive payment for such services through certain mechanisms, such as through a Medicaid demonstration waiver.) The bill also requires state Medicaid programs that cover IMD services to improve patient access to outpatient and community-based behavioral health care, expand crisis stabilization services, facilitate care coordination between providers and first responders, and report specified information relating to IMD utilization and costs.

H.Res. 365, Expressing support for the designation of May 2021 as "Mental Health Awareness Month": This resolution supports the designation of Mental Health Awareness Month and declares mental health a national priority.

### **Neguse, Joe (D-CO)**

\*\*H.R. 6076, Compacts, Access, and Responsible Expansion for Mental Health Professional Act: To direct the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to establish a grant program to be known as the Mental Health Licensure Portability Program to award grants to eligible entities, and for other purposes.

H.R. 5282, Care for our Firefighters Act: This bill establishes a program and provides additional leave to support mental health for federal wildland firefighters. The Department of Agriculture and the Department of the Interior must carry out a mental health awareness and support program for federal wildland firefighters. Components of the program must include an awareness campaign, relevant education and training, a peer-to-peer mental health support network, and increased access to mental health benefits. The bill also entitles each federal wildland firefighter to seven consecutive days of leave to be taken between June 1 and October 31 of each calendar year to maintain mental health. Leave not taken during that period expires.

#### **Newman, Marie (D-IL) – Mental Health Caucus Member**

H.R. 4843, Assisting School Mental Health Professionals Through Work Study Act: This bill adds assisting school-based mental health professionals to the list of community services in which undergraduate, graduate, and professional students may participate under the Federal Work-Study Program. Specifically, the bill revises the definition of community services to include activities in which the student assists a mental health professional with appropriate tasks (e.g., administrative assistance) so long as the professional is (1) a school-based mental health services provider, or (2) an overseer of a school-based mental health services provider.

#### **Norcross, Donald (D-NJ) – Mental Health Caucus Member**

H.R. 1364, Parity Enforcement Act: This bill provides authority for the Department of Labor to enforce the parity requirements for group health plans with respect to the coverage of mental health and substance use disorder benefits.

#### **Pascrell, Bill (D-NJ)**

H.R. 2992, TBI and PTSD Law Enforcement Training Act: This bill requires the Bureau of Justice Assistance (BJA) to consult with relevant agencies to establish crisis intervention training tools for first responders to address individuals with traumatic brain injuries, acquired brain injuries, and post-traumatic stress disorder. The BJA must ensure that at least one police department designated as a Law Enforcement Mental Health Learning Site utilizes the tools and that such tools are part of the Police-Mental Health Collaboration Toolkit. Additionally, the bill requires the Centers for Disease Control and Prevention to study and report about the prevalence and incidence of concussions among first responders.

#### **Porter, Katie (D-CA) – Mental Health Caucus Member**

H.R. 1368, Mental Health Justice Act: This bill creates a grant program for states and local governments to train and dispatch mental health professionals to respond, instead of law enforcement officers, to emergencies that involve people with behavioral health needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) must manage the program in consultation with the Department of Justice (DOJ). SAMHSA may cancel grants that increase incarceration or institutionalization. Grantees must use funds for purposes including de-escalation and anti-racism training. The Department of Health and Human Services and the DOJ must evaluate this program.

#### **Ruiz, Raul (D-CA)**

H.R. 1205, Improving Mental Health Access from the Emergency Department Act: This bill authorizes a grant program for emergency departments to increase access to follow-up psychiatric services for individuals who present for care of acute mental-health episodes. The Substance Abuse and Mental Health Services Administration may award these grants.

^Passed by U.S. House of Representatives on May 12, 2021

### **Ruppersberger, C.A. Dutch (D-MD)**

H.R. 1260, Bipartisan Solution to Cyclical Violence Act: This bill directs the Department of Health and Human Services to establish a grant program for specified trauma centers and nonprofits to establish or expand intervention or prevention programs related to intentional violent trauma, excluding intimate partner violence.

^Passed the U.S. House of Representatives on May 12, 2021

### **Smith, Adam (D-WA)**

H.R. 1859, 911 Diversion to Unarmed Personnel Act: This bill authorizes grants to dispatch unarmed, specialized health care or social service providers to respond to nonviolent 9–1–1 calls instead of law enforcement officers. The Substance Abuse and Mental Health Services Administration may award grants to states and other jurisdictions for this purpose.

### **Thompson, Mike (D-CA) – Mental Health Caucus Member**

H.R. 432, Mental Health Access Improvement Act: This bill provides for coverage of marriage and family therapist services and mental health counselor services under Medicare. It also excludes such services from the skilled nursing facility prospective payment system, and authorizes marriage and family therapists and mental health counselors to develop discharge plans for post-hospital services.

### **Tonko, Paul (D-NY) – Mental Health Caucus Member**

\*\*H.R. 5674, Medicare Mental Health Inpatient Equity Act: This bill removes the 190-day lifetime limit on inpatient psychiatric hospital services under Medicare.

H.R. 3450, Medicaid Bump Act: This bill increases the Medicaid federal matching rate, also known as the Federal Medical Assistance Percentage (FMAP), for behavioral health expenses that exceed prior levels (i.e., as of March 31, 2019). The Centers for Medicare & Medicaid Services must specify which services are eligible for the increased FMAP. States must use funds to supplement state funding for programs in effect as of April 1, 2021, and to increase the capacity, efficiency, and quality of services.

H.R. 955, Medicaid Reentry Act: This bill allows Medicaid payment for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release. The Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission must report on specified information relating to the accessibility and quality of health care for incarcerated individuals, including the impact of the bill's changes.

### **Trone, David J. (D-MD) – Mental Health Caucus Member**

H.R. 1385, Behavioral Health Coordination and Communication Act: This bill establishes, within the Executive Office of the President, the position of Interagency Coordinator for Behavioral Health to coordinate federal programs and activities concerning mental health and substance use disorders. Federal departments and agencies must notify the coordinator when developing or implementing policies related to behavioral health. The Government Accountability Office must report on the impact of the coordinator on relevant programs and must study issues related to behavioral health services in school settings and in the juvenile justice system.

### **Underwood, Lauren (D-IL)**

H.R. 3550, Primary and Behavioral Health Care Access Act: This bill requires private health insurance plans to cover, without cost sharing, three primary care visits and three behavioral health care visits during a plan year.

## Wild, Susan (D-PA) – Mental Health Caucus Member

H.R. 3127, Safe Interactions Act: This bill requires the Department of Health and Human Services to award grants to nonprofit disability organizations to develop training programs for law enforcement officers who may encounter individuals with disabilities.

## MILITARY & VETERANS

### Axne, Cynthia (D-IA)

H.R. 2441, Sgt. Ketchum Rural Veterans Mental Health Act: This bill requires the Department of Veterans Affairs (VA), during FY2022, to establish and maintain three new centers of the Rural Access Network for Growth Enhancement (RANGE) Program in areas with interest from personnel and a need for additional mental health care for rural veterans. The RANGE Program serves veterans in rural areas who are experiencing mental illness. The bill requires the Government Accountability Office to conduct a study and report on whether the VA has sufficient resources to serve rural veterans who need mental health care that is more intensive than traditional outpatient therapy.

^Signed into law on June 30, 2021

### Blunt Rochester, Lisa (D-DE)

H.R. 4627, Veterans' Culturally Competent Care Act: This bill requires the Department of Veterans Affairs (VA) to establish standards and requirements for the provision of mental health care by non-VA providers in the Veterans Community Care Program (VCCP). The established standards must be the same as the standards applicable to VA employees who provide mental health care. The VA must require non-VA mental health care providers to complete training courses on military culture, core competencies for health care professionals, suicide evaluation and management, post-traumatic stress disorder, traumatic brain injury, and military sexual trauma after the provider becomes approved under the VCCP. The VA must also (1) identify additional training areas for which to develop courses, and (2) require the non-VA providers to complete such courses.

### Buchanan, Vern (R-FL)

H.R. 67, Veteran Overmedication and Suicide Prevention Act: This bill requires the Department of Veterans Affairs (VA) to contract with the National Academies of Sciences, Engineering, and Medicine to report on the deaths of covered veterans who died by suicide during the last five years, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention. A covered veteran is any veteran who received VA hospital care or medical services during the five-year period preceding the veteran's death. Among other elements, the report shall include the total number of covered veterans who died by suicide, violent death, or accidental death, as well as certain demographic information.

### Delgado, Antonio (D-NY)

H.R. 5073, REACH for Veterans Act: This bill requires the Department of Veterans Affairs (VA) to update training and procedures for call responders of the Veterans Crisis Line. Specifically, the VA must enter into an agreement with an outside organization to review the training for crisis line call responders. The VA must update the training if any deficiencies are identified after the review. Among other requirements, the VA must develop guidelines on retraining and quality management for when a call responder has an adverse event or needs improvement, annually perform a common cause analysis for identified callers to the crisis line who died by suicide in situations where the crisis line was the last point of contact, develop enhanced guidance and procedures to respond to calls to the crisis line related to substance use and overdose risk, review the current emergency dispatch standard operating procedure of the crisis line, and solicit feedback from veterans service organizations on how to conduct outreach regarding the move to 988 as the new suicide and mental health crisis hotline. Each call responder must be subject to at least two calls per month that are silently monitored by a supervisor to check for quality of conduct. The Veterans Crisis Line, Office of Mental Health and Suicide

Prevention of the VA, and National Center for Patient Safety of the VA must establish quality management processes and expectations for staff of the crisis line.

H.R. 2724, VA Peer Support Enhancement for MST Survivors Act: This bill requires the Department of Veterans Affairs to ensure that each individual who files a claim relating to military sexual trauma is assigned a peer support specialist during the claims process, unless the individual elects to not have such support. Under the bill, a peer support specialist must be trained as a victim advocate and may not be responsible for any part of adjudicating the individual's claim.

### **Garbarino, Andrew R. (R-NY)**

H.R. 1123, Veteran Suicide Prevention Act: This bill requires the Department of Veterans Affairs (VA) to complete a review of the deaths of all covered veterans who died by suicide during the five-year period preceding the enactment of this bill. Covered veterans are those who received VA hospital care or medical services during the five-year period preceding the death of the veteran. The VA shall report on the results of the review and make such report publicly available.

### **Gonzalez, Anthony (R-OH) – Mental Health Caucus Member**

H.R. 2778, Daniel J. Harvey Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act: This bill requires the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to jointly implement a five-year pilot program to assess the feasibility and advisability of providing specified counseling and services as part of the Transition Assistance Program for members of the Armed Forces as a means of reducing the incidence of suicide among veterans. Specifically, the pilot program would involve a three-hour counseling module and the provision of contact information for a counseling or similar facility in the locality where the veteran intends to reside. Additionally, the participating veterans must submit medical records in connection with their service in the Armed Forces, regardless of whether they intend to file a claim for benefits for a service-connected disability. Under the program, a social worker or behavioral health coordinator from the VA must contact the veteran within 90 days after the member is discharged or released from service to schedule a follow-up appointment. At least 10 DOD Transition Assistance Centers must be jointly selected to carry out the pilot program.

### **González-Colón, Jenniffer (R-PR)**

H.R. 5061, Mental Health Stigma in the Military Act: This bill requires the Department of Defense to implement a pilot program through July 1, 2022, to survey access to mental health care under the military health system. Command climate surveys must be administered to active duty service members of not fewer than 20 commands, 10 of which must be deployable, in each military department.

### **Hartzler, Vicky (R-MO) – Mental Health Caucus Member**

H.R. 4882, Connecting the Community To End Military Suicide Act: This bill requires each military department to authorize its respective service members to take up to two weeks of permissive temporary duty each year to attend a seminar, retreat, workshop, or outdoor recreational therapy event hosted by a nonprofit organization that focuses on psychological, physical, spiritual, or social wellness.

### **Houlahan, Chrissy (D-PA)**

H.R. 4824, Stop Copay Overpay Act: To amend title 10, United States Code, to direct the Secretary of Defense to limit copayments for outpatient visits for mental health or behavioral health under the TRICARE program, and for other purposes.



### **Joyce, David (R-OH)**

H.R. 5352, Military Suicide Prevention in the 21<sup>st</sup> Century Act: This bill requires the Department of Defense to carry out a two-year pilot program to program suicide prevention resources onto smart devices issued to members of the Armed Forces and to provide training on these resources.

### **Lee, Susie (D-NV) – Mental Health Caucus Member**

\*\*H.R. 6273, VA Zero Suicide Demonstration Project Act: This bill requires the Department of Veterans Affairs (VA) to establish the Zero Suicide Initiative pilot program for the purpose of improving safety and suicide care for veterans. The program must be implemented at five VA medical centers, including one that serves veterans in rural and remote areas.

### **Miller-Meeks, Mariannette (R-IA) – Mental Health Caucus Member**

H.R. 5645, Save Our Servicemembers Act: This bill requires the Office of the Under Secretary of Defense for Personnel and Readiness within the Department of Defense (DOD) to evaluate and standardize DOD's suicide prevention efforts. Specifically, the bill directs the Defense Suicide Prevention Office to collaborate with each military department to (1) develop and implement a process to ensure that individual nonclinical suicide prevention efforts are assessed for effectiveness, and (2) develop consistent suicide-related definitions for use throughout DOD. The bill also requires the use of such suicide-related definitions in any updated policies of DOD or each military department.

### **Moulton, Seth (D-MA) – Mental Health Caucus Member**

H.R. 3942, Brandon Act: To amend title 10, United States Code, to improve the process by which a member of the Armed Forces may be referred for a mental health evaluation.

H.R. 1309, SERVE Act: This bill provides for inpatient and outpatient treatment of eating disorders under TRICARE for dependents of members of the uniformed services. Dependents are eligible for such care regardless of (1) their age, except with respect to residential service; and (2) whether the eating disorder is their primary or secondary diagnosis. The bill also requires the Department of Defense (DOD) and the Department of Homeland Security (with respect to the Coast Guard) to identify, treat, and rehabilitate members of the armed forces who have an eating disorder. Finally, DOD and the Department of Veterans Affairs must jointly develop, publish, and disseminate clinical practice criteria and guidelines on the identification and treatment of eating disorders.

### **Murphy, Gregory (R-NC)**

H.R. 4233, Student Veterans Counseling Centers Eligibility Act: This bill requires the Department of Veterans Affairs (VA) to furnish counseling, including counseling through a Vet Center, to veterans or members of the Armed Forces who are pursuing a course of education using specified Department of Defense or VA educational assistance benefits. Specifically, such counseling must be provided to veterans or members of the Armed Forces who are utilizing educational assistance benefits under the Montgomery GI Bill (Active Duty), Montgomery GI Bill (Selected Reserve), Veteran Readiness and Employment program, Post-Vietnam Era Veterans Educational Assistance Program, Post-9/11 GI Bill, Reserve Educational Assistance Program, VA High Technology Pilot Program, or Veteran Rapid Retraining Assistance Program.

^ Passed by the U.S. House of Representatives on November 16, 2021

H.R. 1014, Veterans National Traumatic Brain Injury Treatment Act: This bill requires the Department of Veterans Affairs to implement a five-year pilot program to furnish, under the Veterans Community Care Program, hyperbaric oxygen therapy to veterans with traumatic brain injuries or post-traumatic stress disorder.

### **Pappas, Chris (D-NH) – Mental Health Caucus Member**

H.R. 2797, National Green Alert Act: This bill establishes the Green Alert System Advisory and Support Committee to develop best practices and provide technical assistance to states for the implementation of green alert systems, which would be activated when a veteran with a history of mental health issues goes missing.

### **Peters, Scott H. (D-CA) – Mental Health Caucus Member**

H.Res. 50, Expressing support for the designation of the month of June 2021 as "National Post-Traumatic Stress Injury Awareness Month" and June 27, 2021, as "National Post-Traumatic Stress Injury Awareness Day": This resolution supports the naming of new or undedicated Department of Veterans Affairs facilities after women veterans and minority veterans to reflect the diversity of all who have served in the Armed Forces.

### **Phillips, Dean (D-MN)**

H.R. 3674, Vet Center Support Act: To direct the Secretary of Veterans Affairs to submit to Congress a report on mental health care furnished by the Department of Veterans Affairs in certain States.

### **Rouzer, David (R-NC)**

H.R. 5029, Expanding the Families of Veterans Access to Mental Health Services Act: To amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to members of the families of members or veterans of the Armed Forces who died by suicide, and other purposes.

### **Rutherford, John H. (R-FL) – Mental Health Caucus Member**

H.R. 1022, PAWS Act: This bill requires the Department of Veterans Affairs (VA) to implement a grant program for the purpose of pairing service dogs with eligible veterans. Organizations that receive grants must provide veterinary health insurance coverage, hardware, and travel expenses for each service dog and veteran participating in the program. Eligible veterans are those who (1) are enrolled in the VA health care system, (2) have been evaluated and treated for post-traumatic stress disorder (PTSD) but remain diagnosed with PTSD, (3) may benefit from a service dog, and (4) agree to successfully complete training provided by an eligible organization. Veterans are required to see a VA health care provider at least once every six months to determine whether the veteran continues to benefit from a service dog. Eligible organizations are nonprofit organizations that provide service dogs to veterans with PTSD, meet publicly available standards set forth by the Association of Service Dog Providers for Military Veterans, have expertise in the needs of veterans with PTSD, agree to cover all costs in excess of the grant amount to guarantee the benefits of the program, agree to reaccept or replace a service dog provided to a veteran, and submit an application to the VA. Any improvement in PTSD symptoms as a result of the provision of a service dog shall not affect the veteran's eligibility for any other VA benefits. The Government Accountability Office must report on the grant program.

### **Sherrill, Mikie (D-NJ) – Mental Health Caucus Member**

H.R. 5543, Vet CENTERS for Mental Health Act: To direct the Secretary of Veterans Affairs to increase the number of Vet Centers in certain States based on population metrics, and for other purposes.

### **Slotkin, Elissa (D-MI)**

\*\*H.R. 5758, COMFORT Act: This bill authorizes the Office of Military Family Readiness Policy within the Department of Defense (DOD) to coordinate programs and activities for the provision of nonmedical counseling services to military families through the DOD Military and Family Life Counseling Program. Under the bill, nonmedical counseling services means mental health care services that are nonclinical, short-term, and solution-focused to address topics related to personal growth, development, and positive functioning. The bill authorizes mental health professionals to provide non-medical counseling services regardless of where the

provider or recipient is located so long as the provision of service is within the scope of the authorized duties of the provider. For purposes of the bill, mental health professionals include licensed or certified mental health professionals or members of the uniformed services, civilian DOD employees, or DOD contractors.

### **Steil, Bryan (R-WI)**

\*\*H.R. 5789, No Veteran Falls Through the Cracks Act: This bill requires the Department of Veterans Affairs to attempt to reschedule a veteran's mental health care appointment if the veteran has canceled such an appointment.

### **Steube, W. Gregory (R-FL) – Mental Health Caucus Member**

H.Res. 299, Expressing support for naming surviving family members of veterans who die by suicide as "Gold Arrow Families": This resolution supports the naming of surviving family members of veterans who die by suicide as Gold Arrow Families. The resolution also promotes awareness for the needs of such family members and determines that suicide by veterans can be reduced through the adoption of programs and legislation that provide Gold Arrow Families with resources.

### **Stivers, Steve (R-OH) – Mental Health Caucus Member**

H.R. 1448, Puppies Assisting Wounded Servicemembers for Veterans Therapy Act: This bill implements a program and a policy related to service dog therapy for veterans. Specifically, the bill requires the Department of Veterans Affairs (VA) to implement a five-year pilot program to provide canine training to eligible veterans diagnosed with post-traumatic stress disorder as an element of a complementary and integrative health program. Eligible veterans are those who are enrolled in the VA health care system and have been recommended for participation by a qualified mental health care provider or clinical team. The VA must seek to enter agreements containing specified elements with accredited nongovernmental entities that have demonstrated ability to provide canine training. Veterans who participate in the program are authorized to adopt the dog they assisted in training if their health provider determines it is in the best interest of the veteran. The VA must establish processes to document and track the progress of participating veterans with respect to health benefits and improvements. The Government Accountability Office must brief Congress and submit a report on the program. The bill also authorizes the VA to provide service dogs to veterans with mental illnesses, regardless of whether they have a mobility impairment.

^Signed into law on August 25, 2021

### **Takano, Mark (D-CA)**

\*\*H.R. 6411, STRONG Veterans Act: To amend title 38, United States Code, to make certain improvements in the mental health care provided by the Department of Veterans Affairs, and for other purposes.

H.Res. 337, Congratulating the Department of Veterans Affairs on 75 years of psychology training and expansion of access to mental health care for veterans by expressing support for the designation of April 19 through April 23, 2021, as "VA Psychology Recognition Week": This resolution expresses the support of the House of Representatives for the designation of VA Psychology Recognition Week.

### **Underwood, Lauren (D-IL)**

H.R. 2749, Lethal Means Safety Training Act: This bill requires the Department of Veterans Affairs (VA) to update its Lethal Means Safety and Suicide Prevention training course at least once a year to ensure it is culturally appropriate and uses best practices identified by subject matter experts (e.g., veterans service organizations). The bill requires certain VA employees and care providers to take the most recently updated version of the training course within 90 days after the person is hired, agrees to furnish care, or receives support and at least annually thereafter. Specifically, the bill requires the following categories of VA employees or care providers to take the training course: employees of the Veterans Health Administration or Veterans Benefits Administration who regularly interact with veterans, compensation and pension examiners, employees

of Veterans Centers or vocational rehabilitation facilities, employees of Veterans Community Care Providers who provide care to veterans, and family caregivers receiving support under the Program of Comprehensive Assistance for Family Caregivers. The VA must publish the training course on a publicly available VA website. Additionally, the VA must publish a report on its website that includes the percentage of individuals in each category who have completed such training.

H.R. 958, Protecting Moms Who Served Act: This bill requires the Department of Veterans Affairs (VA) to implement the maternity care coordination program. The VA must provide community maternity care providers (i.e., non-VA maternity care providers) with training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions in relation to the service of the veterans in the Armed Forces. Additionally, the Government Accountability Office must report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a focus on racial and ethnic disparities in maternal health outcomes for veterans.

^Passed the U.S. House of Representatives on May 12, 2021

### **Van Drew, Jefferson (R-NJ)**

H.R. 5036, To amend titles 36 and 38, United States Code, to direct the Secretary of Veterans Affairs to carry out actions for certain surviving family members of veterans deceased as the result of suicide, and for other purposes.

### **Waltz, Michael (R-FL)**

H.R. 852, United States-Israel PTSD Collaborative Research Act: This bill establishes a grant program for collaborative efforts between the United States and Israel to advance research on post-traumatic stress disorders. The Department of Defense, in coordination with the Department of Veterans Affairs and the Department of State, shall award grants to eligible academic institutions or nonprofit entities in the United States. Work shall be conducted by the eligible entity and an entity in Israel under a joint research agreement.

### **Wittman, Robert J. (R-VA) – Mental Health Caucus Member**

H.R. 5548, BRAVE Act: This bill requires the Department of Veterans Affairs (VA) to establish a patient outreach system under which it must ensure that veterans who are enrolled in the VA health care system and have experienced a traumatic or highly stressful event may elect to receive information and resources relating to mental health and available mental health care services. The VA must coordinate the system with the Transition Assistance Program of the Department of Defense.

### **Zeldin, Lee M. (R-NY)**

H.R. 1476, PFC Joseph P. Dwyer Peer Support Program Act: This bill requires the Department of Veterans Affairs (VA) to establish the PFC Joseph P. Dwyer Peer Support Program to make grants to eligible entities for peer-to-peer mental health programs for veterans. Eligible entities include (1) a nonprofit organization that has historically served the mental health needs of veterans; (2) a congressionally chartered veteran service organization; or (3) a state, local, or tribal veteran service agency, director, or commissioner. The VA shall establish an advisory committee to create appropriate program standards.

## **TELEHEALTH**

### **Bilirakis, Gus M. (R-FL) - Mental Health Caucus Member**

H.R. 4036, EASE Behavioral Health Services Act: This bill removes restrictions that require the originating site (i.e., the location of the beneficiary) to be in a rural area, and allows the home of a beneficiary to serve as the originating site, for behavioral health telehealth services under Medicare. The bill also expands the scope of required guidance, studies, and reports to address the provision of such services under Medicaid.

### **Kildee, Daniel T. (D-MI)**

H.R. 2228, Rural Behavioral Health Access Act: This bill allows for Medicare payment of outpatient critical access hospital (CAH) services consisting of telehealth behavioral therapy, including (1) audio-only services, if an individual does not have access to technology with both audio and visual capabilities; and (2) services provided to an individual who has not received in-person care at the CAH, if there is a plan of care that includes an in-person visit not later than one year after telehealth services are provided.

### **Matsui, Doris (D-CA) – Mental Health Caucus Member**

H.R. 4058, Telemental Health Care Access Act: This bill eliminates certain restrictions relating to Medicare coverage of mental health services that are provided through telehealth. Current law allows for coverage of such services regardless of the geographic location of the originating site (i.e., the location of the beneficiary) after the end of the COVID-19 public health emergency, as long as the beneficiary previously received in-person services and continues to receive in-person services at specified intervals. The bill eliminates these in-person requirements.

### **McKinley, David B. (R-WV)**

H.R. 1647, TREATS Act: This bill modifies requirements relating to coverage of certain telehealth services under Medicare. Specifically, the bill permanently allows telehealth services for substance-use disorders and mental health disorders to be provided via audio-only technology, if a physician or practitioner has already conducted an in-person or video telehealth evaluation. Schedule III or IV controlled substances may also be prescribed online if a practitioner has conducted a telehealth evaluation with video.

### **Rosendale Sr., Matthew M. (R-MT)**

H.R. 4012, Expanding Access to Mental Health Services Act: This bill permanently allows for Medicare coverage of certain mental health services that are provided through telehealth, including audio-only services for certain categories of services (e.g., screenings and evaluations) in accordance with standards set by the Centers for Medicare & Medicaid Services.

## **SUICIDE PREVENTION**

### **Beyer, Donald S., Jr. (D-VA) – Mental Health Caucus Member**

H.R. 2862, Campaign to Prevent Suicide Act: This bill requires the Centers for Disease Control and Prevention to develop, implement, and evaluate a national media campaign focused on suicide prevention.

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H.R. 792, Barriers to Suicide Act: This bill requires the Department of Transportation (DOT) to establish a program to facilitate the installation of evidence-based suicide deterrents on bridges, including suicide prevention nets and barriers. DOT may award competitive grants to states and local governments to carry out the program. The Government Accountability Office must conduct a study to identify the types of structures, other than bridges, that attract a high number of individuals attempting suicide-by-jumping and the types of nets or barriers that are effective at reducing such suicides.

### **Bilirakis, Gus M. (R-FL) – Mental Health Caucus Member**

H.R. 1324, Effective Suicide Screening and Assessment in the Emergency Department Act: This bill requires the Department of Health and Human Services to award grants to hospitals to improve their capacity to identify patients in emergency departments who are at risk of suicide and connect those patients with mental health treatments and services.



^Passed by U.S. House of Representatives on May 12, 2021

### **Brownley, Julia (D-CA)**

H.R. 5436, Gun Suicide Prevention Act: To prohibit the sale of a firearm unless the firearm or packaging carries a label that provides the number of the National Suicide Prevention Lifeline.

### **DeSaulnier, Mark (D-CA) – Mental Health Caucus Member**

H.R. 2648, Suicide Prevention Assistance Act: This bill requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to award grants to primary care offices for self-harm and suicide prevention services, including screenings. SAMHSA must also develop standards of practice for conducting such screenings.

### **Katko, John (R-NY) – Mental Health Caucus Co-Chair**

H.R. 2981, Suicide Prevention Lifeline Improvement Act: This bill expands the requirements for the National Suicide Prevention Lifeline Program. Specifically, the Substance Abuse and Mental Health Services Administration must (1) develop a plan to ensure the provision of high-quality service, (2) strengthen data-sharing agreements to facilitate the transmission of epidemiological data from the program to the Centers for Disease Control and Prevention, and (3) implement a pilot program focused on using other communications platforms (e.g., social media and texting) for suicide prevention. The bill also directs the Government Accountability Office to study the program.

^Passed U.S. House of Representatives on May 12, 2021

### **Kelly, Robin (D-IL)**

H.R. 4319, Protect 911 Act: To require the Director of the Centers for Disease Control and Prevention to track and report on suicides and other issues among public safety telecommunicators, to require the Federal Emergency Management Agency to award grants to advance public safety telecommunicator health and well-being, and for other purposes.

### **Stevens, Haley M. (D-MI)**

H.Res. 656, Supporting the designation of September 17, 2021, as "National Physician Suicide Awareness Day" to raise awareness of, and promote a national discussion about, physician suicide and to reduce the stigma of mental health issues.: This resolution expresses support for the goals of National Physician Suicide Awareness Day.

### **Steward, Chris (R-UT) – Mental Health Caucus Member**

H.R. 2955, Suicide Prevention Act: This bill establishes two grant programs to prevent self-harm and suicide. The Centers for Disease Control and Prevention must award grants to state, local, and tribal health departments to expand surveillance of self-harm, and the Substance Abuse and Mental Health Services Administration must award grants to hospital emergency departments for programs to prevent suicide attempts among patients after discharge.

^Passed U.S. House of Representatives on May 12, 2021

### **Underwood, Lauren (D-IL)**

H.R. 5035, Child Suicide Prevention and Lethal Means Safety Act: To authorize the Secretary of Health and Human Services to award grants to establish or expand programs to implement evidence-aligned practices in health care settings for the purpose of reducing the suicide rates of covered individuals, and for other purposes.